

L19000193348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

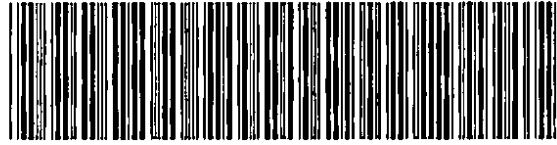
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 DEC 16 PM 4:39

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JAN 16 2020  
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# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: DESTIN FAMILY DESTISTRY, PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIA E. BATY, DMD

Name of Person

SANTA ROSA SMILES, PLLC

Firm/Company

2801 CHANCELLORSVILLE DRIVE #726

Address

TALLAHASSEE, FLORIDA 32312

City/State and Zip Code

drjbaty@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW SHAUL

770 850-1800

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DESTIN FAMILY DENTISTRY, PLLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/29/2019 and assigned  
Florida document number L19000193348.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SANTA ROSA SMILES, PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NO CHANGE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO CHANGE

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NO CHANGE

New Registered Office Address:

NO CHANGE

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

N/A  
If Changing Registered Agent, Signature of New Registered Agent

removing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MR = Manager

IBR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	NO CHANGE	NO CHANGE	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
_____	NO CHANGE	NO CHANGE	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
_____	NO CHANGE	NO CHANGE	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

NO CHANGE

**Filing Fee: \$25.00**